

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014099

STATE FILE NUMBER

FILED MAY 5 1959

Registration District No.

Primary Registration District No. 5746

Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jewett</u>		c. CITY OR TOWN <u>Jewett</u> 0620	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North of Town</u>		d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Albert</u> Last <u>Shoemaker</u>		4. DATE OF DEATH <u>April 29 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>April 24-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	
11. BIRTHPLACE (City and state or country) <u>Madison Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Perry Shoemaker</u>		13b. MOTHER'S MAIDEN NAME <u>Alice</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-8207</u>	
17. INFORMANT <u>Albert Junior Shoemaker</u>		Address <u>Annapolis Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Aortic stenosis.</u> DUE TO (c) <u>Coronary infarct</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4211</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u> <u>3 yrs.</u> <u>3 1/2 mo's.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:00</u> Month, Day, Year <u>9-26-55</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Jewett</u>	
20g. COUNTY <u>Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>9/26/55</u> to <u>4/29/59</u> and last saw him alive on <u>3-30-59</u> Death occurred at <u>8:00</u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>E. W. Alleyne D.D. 2</u>	
22b. ADDRESS <u>Fredericktown Mo</u>		22c. DATE SIGNED <u>5/1/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-1-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jewett Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jewett, Mo.</u>
24. FUNERAL DIRECTOR <u>William Coker</u>		25. DATE RECD. BY LOCAL REG. <u>5-1-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Therence Hicks</u>			

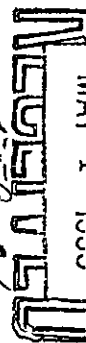
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FILE NO. 359-26



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Coder Funeral Home, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed William Coder .....

Licensed Embalmer No. 3723 .....

P. O. Address Richmond .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.